

OWNER'S INTENT TO CURE DEFAULT

Please enter or legibly print the following information:

Foreclosure Sale Number _____

Name(s) _____

Current Street Address _____

City, State and Zip Code _____

Telephone/Cell Phone/Fax _____

E-mail Address _____

If you are working with a Title Company or Real Estate Broker, please supply their contact information.

Contact Name/Title _____

Address _____

Phone/Cell/Fax/E-mail _____

TO WHOM IT MAY CONCERN, please let this serve as written notice of Intent to Cure Default of my loan with

Name of Lender _____

I am requesting that the Public Trustee obtain a written statement of the amount necessary to bring my loan current. In order to cure this loan, I understand that a cure payment must be made no later than 12 noon the day before the scheduled sale date and shall be in the form of cash, electronic transfer to an account of the Public Trustee available for such purpose and in compliance with the conditions placed on the account by the Public Trustee for such electronic transfer, or certified check, cashier's check, teller's check or draft denominated as an official check that is a teller's check or a cashier's check as those terms are defined in and governed by the "Uniform Commercial Code", title 4, C.R.S., made payable to the Public Trustee, and certified or issued by a state-chartered bank, savings and loan association, or credit union licensed to do business in the State of Colorado or a federally chartered bank, savings bank, or credit union. **I understand that it is my responsibility to contact the office of the Public Trustee for updated figures for the amount to cure as interest, late fees, attorney fees, etc., continue to accrue.** The signature below verifies that I filed my Intent to Cure at least **fifteen (15)** days prior to the scheduled sale date.

Original signature of Owner, Grantor, or Lien Holder _____

Date Signed _____

Please be advised that the Office of the Public Trustee does not give legal advice.